JULY 1960

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The A.N.A. Convention and What It Means for You . . 31

A report by the editors of RN on the significance to nurses

—A.N.A. members and nonmembers alike—of the proceedings and actions of the 1960 biennial meeting

They Work in a Hospital for Medical Research . . . . 42 In this visit to one of the world's largest research centers, you'll learn how nurses help advance medical science

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## contents

| Answering Your Questions About Hypertension 50   |
|--|
| Is it a symptom or a disease? What are the differences between primary and secondary? How are both treated?  |
| You Can Help to Reduce Food-Poisoning  |
| A microbiologist gives you some key facts to guide you in answering questions about this warm-weather hazard |

## **DEPARTMENTS and SHORT FEATURES**

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| Letters   |
|---|
| Legal Pointer                                   |
| This Nurse Climbed Kilimanjaro                  |
| My Most Unforgettable Patient                   |
| What's New in Drugs                             |
| Positions Available                             |
| News  |
| Oil Makes Flu Shots Last Longer                 |
| Debridement Without Messiness                   |
| Compact-Car Owners Save \$137 a Year19          |
| Don't Bend His Elbow, Says the A.M.A            |
| Study Shows That Hormones Slow Breast Cancer 21 |
| New Way Found to Treat Coronary Thrombosis 22   |
| Capsules  |



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4 RN · JULY 1960

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The antibacterial ingredient in Dial—a synergistic combination of hexachlorophene and trichlorocarbanilide—has long been known for its effectiveness against the skin bacteria that cause perspittion odor.

Now new and more extensive tests have established that I inhibits the growth of a wider range of gram-positive and gramegative bacteria than any other leading toilet soap—includistrains that are resistant to antibiotics.

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## letters

#### PROBLEM PATIENTS

DEAR EDITOR: Men nurses are better able than women to handle alcoholics and mentally ill patients, states a letter in your April issue. I disagree.

Many nurses seem to think that brawn is the chief requirement for handling such cases. But strongarm tactics don't help these patients. What they need is T.L.C...

I have nothing against men nurses who use T.L.C. But I don't like working with those who feel that their job is to manhandle the "difficult" patients. I'm still idealist enough to believe there's no such thing as a "difficult" patient who requires such treatment.

Shirley Burghard, R.N. Syracuse, N.Y.

#### FEDERAL SCHOLARSHIPS

DEAR EDITOR: One of your correspondents calls Federal scholarships for nurses a "Government handout." Nurses who want a degree should pay their own way, she says.

I disagree. I would never have been able to receive my nursing degree without the help of the farsighted legislators who made this

tal

elief

Federal program a reality. Though there were no strings attached to my grant, there are some attached to my conscience. I feel that I now owe it to the Government to try, to the best of my ability, to give my patients superior nursing care.

Kathy Sundvold, R.N. Brookings, S.D.

#### HOME-STUDY COURSES

DEAR EDITOR: Knowing how to do blood counts and urinalyses would help me greatly in industrial nursing. So I checked with technical schools about learning these skills. They told me I would have to take a full-time two-year course!

Home-study courses are available in electronics, accounting, and other specialized subjects. Schools could do a real service for nurses by making specialized nursing subjects available on a similar basis.

R.N., California

#### WAYS TO END FEUDING

DEAR EDITOR: "What can we do to help nurses at all levels work together without feuding?" asks an RN reader.

I suggest the following:

¶ Focus our thinking on what



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## letters

we, as nurses, are working for (better patient-care), not on our own status as compared to those we're working with.

Accept the fact that today's well-trained L.P.N. contributes to good nursing care. (Too often we Dulco regard the L.P.N. as an intruder in "our" domain.)

Offer encouraging comments -and a spontaneous "Thank you" when a job is well done.

Listen to what others have to say instead of doing most of the enem talking ourselves.

Remember that the public isn't concerned about who gives the nursing care as long as it's given.

I don't mean we must make all the concessions. But, as professionals, we can take the lead in substituting goodwill and cooperation for ill will and feuding.

Marguerite L. Hays, R.N. Dallas, Tex.

#### OUTSIDE THE TEAM?

DEAR EDITOR: In many hospitals nurses who work the 11-7 shift seem to be considered as outside the medical team.

For example: Nurses on other shifts often help make plans for changes. But night nurses rarely hear about such changes till the go into effect.

On some services, the cleaning up chores are left for the 11nurses-who, supposedly, time to do them because they give

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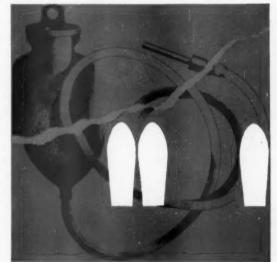
n most instances one Dulcolax suppository esults in a single but omplete evacuation of soft, formed stool within the hour. In 7 shif tubborn cases **Dulcolax Tablets may** e administered in conjunction with the suppositories.

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Please send me a trial quantity of the effective contact laxative, Dulcolax suppositories, together with informative literature.

Signature. Street\_



DU150-60



## letters

very little bedside care. Nonsense! As the night wears on, patients become restless. They often need reassurance and sedation.

Most of us don't complain about night duty because we know it's necessary. But we would like to be members of the team.

Betty L. Gafnea, R.N. Atlanta, Ga.

#### STRICTLY CONFIDENTIAL

DEAR EDITOR: A nurse's husband says, in a recent RN article, that his wife told him the details of a neighbor's operation. I was taught that a patient's record is strictly confidential.

Virginia Sullivan, R.N. Greenwich, Conn.

#### ULTRAVIOLET IN THE O.R.

DEAR EDITOR: Your article in the June RN on the use of ultraviolet in operating rooms at Duke University is a well-written report of an interesting experiment.

I think, however, it should be made clear that the reason many surgeons have so far rejected this method is not that it is inconvenient, or that they have other satisfactory means of combating infection. Surgeons are used to inconvenience. For instance, wearing gloves is more inconvenient than working under ultraviolet, as any surgeon who has tried to button a shirt with rubber gloves on well knows. Surgeons are also quite ac-

customed to relying on a number of means for combating infection.

Most surgeons have not used ultraviolet simply because they have not yet been convinced that it works. Personally, I believe it may be helpful—though perhaps less helpful than the people at Duke indicate. The work at Duke has not been controlled, i.e., there has been no day-to-day comparison with cases done without ultraviolet light.

As your article points out, ultraviolet is now under study at five other medical centers. [The University of Pennsylvania, Hahnemann Medical College, George Washington University, the University of Cincinnati, and the University of California at Los Angeles—ED.] The study is rigorously controlled and is "double-blinded." This means that (1) a surgeon never knows whether he's operating under ultraviolet or ordinary light, and (2) he doesn't know which used for patients whose wounds he evaluates. The data from these five centers in the next year should provide a definitive evaluation of the method used at Duke.

It is encouraging that the Public Health Service is interested enough in this study to invest several hundred thousand dollars in it.

Robert G. Ravdin, M.D. Philadelphia, Pa.

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Lance Signalled the approach of an accident victim...

An automobile collision... perhaps a fractured skull.

Whatever the magnitude of his misfortune, she is ready....

Calm and prepared to cope with it.

A tribute to the nursing profession by the makers of Modess @Tampons... the flexible tampon

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## AN AMES CLINIQUICK°

CLINICAL BRIEFS FOR MODERN PRACTICE

# In what type of patient is urinary tract infection up to four times more common than in others?

The diabetic. Incidence of infections of the urinary tract in diabetes ranges from 12 to 20 per cent as compared to about 4.5 per cent for the rest of the population. Source: Peters, B. J.: J. Michigan M. Soc. 57:1419, 1958.



"In the presence of urinary infection the determination [of pH] is of the utmost utility. Often therapy is guided as much by the reaction of the urine as by the more detailed bacteriologic studies."

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(1) Williamson, P.: Practical Use of the Office Laboratory and X-Ray, Including the Electrocardiograph, St. Louis, C. V. Mosby Company, 1957, p. 41. (2) Free, A. H., and Fonner, D. E.; Studies With a Combination Test for Detection of Glucose and Protein, Abstract of 133rd Meeting, American Chemical Society, San Francisco, April 13-18, 1958, pp. 14c-15c.

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## news

#### Oil Makes Flu Shots Last Longer

Is it possible to provide flu immunization for periods longer than a year?

Yes, says Dr. Fred M. Davenport of the University of Michigan. He cites evidence—based on field trials of 100,000 shots—that adding mineral oil to polyvalent flu vaccines helps maintain antibody levels for periods up to three years. (The field trials were carried out under the auspices of the Commission on Influenza of the Armed Forces Epidemiological Board and were supported by Federal grants.)

Lab tests suggest, Dr. Davenport adds, that oil-spiked vaccines are also effective for broad-spectrum protection even when a new strain of flu virus suddenly appears.

## Debridement Without

Cleaning up after debridement a commonly detested chore—is virtually eliminated with this improvised debridement unit, reports Dr. John A. Sakson of Camden, N.J.

A hospital's maintenance department can easily make the unit, he says. The parts include (1) an adjustable over-the-bed table with (2) tray cut to 14 inches in length; (3) a 14-inch baking pan; (4) a grill-shelf from a refrigerator; (5) a hook, fastened to the tray-bottom; (6) a short drain pipe, in-



serted into a hole through tray and pan; (7) a bucket for drainage.

The unit is pushed against the stretcher or O.R. table. The nurse lays the patient's wounded mem-



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ber (foot, leg, hand, or arm) on the pan. Or, in case of a head wound, she positions the patient with his head on the pan.

After the wound is washed, a sterile towel is placed under the wounded member. The unit then serves as an operating table.

## Compact-Car Owners Save \$137 a Year

y sets usts of flow Been wondering just how much a new compact car would save you on gas, oil, and maintenance?

The answer, as provided by U.S. News & World Report, is \$137 yearly. This, says the magazine, is an average for the ten-year

life of the car. It's based on a comparison of several compact cars with the six-cylinder Chevrolet, Ford, and Plymouth.

The breakdown of expense savings on the compacts: gasoline, \$50; oil, \$3; depreciation, \$32; repairs and maintenance, \$20; insurance, \$13; parking and tolls, \$10; tires and tubes, \$9.

## Don't Bend His Elbow, Says the A.M.A.

When you do a venipuncture, do you place a sterile cotton ball over the site, then tell the patient to flex his arm while keeping the ball in place?

More



# for dry, red, scaly, cracked, soap-abused hands

Instantly restores the normal acidity of the skin... affording immediate protection from pathogenic organisms and hastening recovery.

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The new Feed-Rite Nipple eliminates the problem of oral vacuum build-up. Three "breathing channels" enable the infant to breathe as he feeds, making possible a natural, uninterrupted swallowing action. Aero-

phagia is reduced...less bubbling is required.

The nipple, with its extra soft tip and base, adjusts to pressure changes which regulate the flow to a pace most comfortable for the

infant. Special air vent helps keep formula flow constant . . . reduces nipple collapse.

FEED-RITE NIPPLE NOW FEATURED ON ALL DAVOL NURSERS:

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   Economically priced along
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## news

Don't, says the Journal of the American Medical Association. This may cause pressure to be applied proximal to the puncture site, thus promoting bleeding instead of stopping it.

The recommended technique:

While withdrawing the needle, press a gauze (or woolen) pad against the puncture.

As you hold the pad, have the patient raise his arm without bending his elbow. Then instruct him to hold the pad firmly in place until bleeding has stopped.

#### Study Shows That Hormones Slow Breast Cancer

Both male and female hormones can prolong the survival of women with disseminated breast cancer. But in many circumstances female hormones are superior.

This finding highlights a twelveyear statistical study sponsored by the American Medical Association. Other findings:

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¶ Male and female hormones are of equal value in the treatment of breast cancer with bony involvement. (Male hormones were previously thought to be the more effective.)

¶ Before the menopause, female hormones may intensify breast cancer rather than slow it down.

After the fourth postmenopausal year, female hormones are the more effective agent.

After the eighth postmeno-

## Nurses! Get Cooling Comfort for Tired, Burning Feet



Ice-Mint with soothing lanolin keeps feet in cool, fresh comfort. So easy to apply, this frosty-white medicated cream—so lasting in its soothing relief. Wonderful, too, for softening stinging callouses and corns. Get this cooling, medicated Ice-Mint Foot Cream today!

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## news

pausal year, both male and female hormones become more effective. Female hormones induce a higher rate of regression (38 per cent) than male hormones (27 per cent).

¶ Among women who respond, survival time averages from eighteen to twenty-seven months; among those who don't respond, from eight to eleven months.

¶ Among women who respond, average survival time is twenty-seven months for those treated with female hormones, nineteen months for those treated with male hormones.

¶ Older patients respond better than younger ones.

## New Way Found to Treat Coronary Thrombosis

A new "heart-action" technique for flushing blood clots from coronary arteries is reported by Drs. Robert J. Boucek and William P. Murphy Jr. of the University of Miami. Here's how it works:

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Nerve impulses that activate the heart are picked up and transmitted to an electronic programmer attached to a pump. Meanwhile, a tube is inserted in an artery in the right elbow, then worked up the arm, across the chest, and down to the affected coronary artery. Finally, a clot-dissolving enzyme (fibrinolysin) is fed into the pump.

Result: The heart action regulates the spurts of enzyme that are



# When you see diaper rash recommend Diaparene anti-bacterial ointment

Diaper rash can best be treated by destroying the urea-splitting bacteria in the diaper and on the baby's skin. Diaparene anti-bacterial preparations destroy these bacteria, prevent ammonia formation, and help clear the rash rapidly.

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reguat are Diaparene Ointment mixes readily with urine to inhibit ammonia-producing bacteria . . . helps prevent further rash development by destroying the bacteria on the skin. Its water-miscible emollient base soothes excoriated areas and promotes healing.

Diaparene Rinse's sustained action inhibits the urea-splitting bacteria for up to fifteen hours

after the diaper has been soiled. With this level of protection, even the night diaper will not cause rash. The mother can rinse the diapers at home with Diaparene Rinse. Or a Diaparene franchised diaper service will supply Diaparene-impregnated diapers.

And for prophylaxis... Once the diaper rash is cleared up, help the mother keep baby's skin clear by recommending the Diaparene prophylactic regimen for around-the-clock protection—routine use of Diaparene anti-bacterial Baby Powder and Diaparene anti-bacterial Baby Lotion along with Diaparene Rinse.

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100 cc. contains: 48 Gm. sodium biphosphate and 18 Gm. sodium phosphate in bottles containing 21/2, 6, and 16 fl.oz.

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C. B. FLEET CO., INC. Lynchburg, Virginia 24 RN · JULY 1960

## news

forced through the tube to flush out the obstructed artery.

The technique has been used effectively in seven of nine cases, the M.D.s say.

## capsules

Career women are five to eight times as susceptible to coronary disease as housewives, a San Francisco study team finds . . .

Tuberculin testing is increasing, says the N.L.N., so more nurses can expect to administer such tests in the foreseeable future. It suggests that TB groups, health departments, and local affiliates of the league aid in teaching R.N.s to give the tests . . .

New on the market: a disposable oxygen tent designed to eliminate tent-sterilization and to reduce the risk of staph infection linked to the re-use of tents . . .

A 71,000-case study shows that radiation of the cervix doesn't increase the incidence of leukemia among cervical-cancer patients, says a report to the American Radium Society...

Is intubation necessary in the care of the patient with paralytic ileus? According to a recent study—reported in Surgery, Gynecology and

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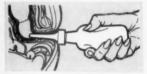




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1. Ready to use...no preparation necessary...just remove protective cover



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3. Disposable...simply discard unit after use... eliminates cleanup and sterilization

100 cc. contains: 16 Gm. sodium biphosphate and 6 Gm. sodium phosphate in 4½-fl.oz. squeeze bottle. Pediatric size, 2¼ fl.oz. Also available: Fleet Oil Retention Enema, 4¼-fl.oz. ready-to-use unit containing Mineral Oil U.S.P.

RN - JULY 1960 25

## news

Obstetrics-300 patients treated without a tube were more comfortable and required less nursing care than did 300 others who were intubated . . .

Hot-weather tip: Don't go stockingless. New York M.D.s say stockings help keep your feet cool and minimize swelling. How? By absorbing heat thrown off by dilating blood vessels . . .

Legislation proposed in Washington State would enable L.P.N.s to give all medications except I.V.s and fractional dosages. The state nurses' association has registered a protest . . .

A new 48-page booklet, "If Your Child Has a Congenital Heart Defect," is available without charge from local affiliates of the American Heart Association. It describes several operable defects . . .

Is vitamin K effective as a prophylactic against neonatal bleeding? A

University of Texas team says ves. It found that secondary hemorrhage after circumcision is six times more frequent in babies who have not been receiving the vitamin. So a Dallas nursery reinstituted its use . . .

Surprise statistics: In an 800-case study of hospital staph, Washington State analysts found that medical patients accounted for 49 per cent of its incidence, surgical patients for only 32 per cent. Pediatric and outpatient units shared most of the other cases. Personnel were involved in less than 1 per cent of the cases . . .

Children can be poisoned by eating weeds, warns the University of Michigan Poison Control Center. Among the more dangerous plants listed are Jimson weed, common nightshade, ground cherry, and tobacco. (A potato is said to be poisonous if it has been exposed to sunlight until the tuber turn green.)

## Of importance to busy

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for itching, burning distress of Minor Burns

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Rough, Irritated Hands

Blistered, Tender Feet

if you have a jar of soothing Resinol handy for immediate use. Its special media lanolin relieves the discomfort of these, and similar skin irritations with surprising s lessening the threat to your comfort and efficiency.

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TAMPER-PROOF PACKAGES assured one-time use

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in the package—after filling—to the moment of injection

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#### THE ARM IMMERSION TEST HELPS KEEP IVORY A WELL

which Procter & Gamble conducts to help make certain that Ivory is well tolerated by normal and delicate skin. This is part of the many-sided program that guards Ivory Soap's outstanding purity and mildness. As a nurse you'll be interested in knowing that today more doctors advise Ivory, more babies are cared for with Ivory, more hospitals choose Ivory than any other soap.

9944/100% pure® . . . it floats



Subjects immerse one hand in a solution of Ivory, the other hand in another test solution for specified period of time on successive days. Experts grade hands before and after each immersion

28 RN · JULY 1960

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## American-Gray

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#### ELIMINATES ...

- √ High installation costs
- 2 or 4 adjustment valves
- Extra vacuum breaker
- Rubber hose and nozzle
- √ Extra piping
- √ Resting lugs in bowl

Modern in every way, the improved American-Gray Diverter Valve eliminates awkward hoses where leaks are both dangerous and annoying . . . and the operator always has perfect balance with no "teetering" on one foot. Acceptable under the most rigid plumbing codes, thousands of these American-Gray Diverter Valves are saving hours and dollars in hospitals and nursing homes throughout the world. Installation is simple with the Valve being placed between the existing flush valve and the toilet . . . permanently.

The routine task of bedpan cleaning and rinsing is made easier . . . and done in less time with the improved American-Gray Diverter Valve. A welcome convenience by nursing personnel, the valve is operated by a mere trip of the regular flushing handle ... diverting a perfect spray of fresh water through the nozzle and into the utensil . . . no leaky hoses, hot and cold valves or awkward piping and pedals.

Cost-conscious administrators like its simple, low-cost installation, minimum maintenance and time-saving features.

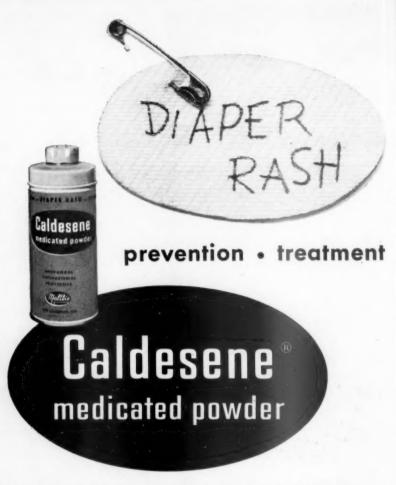
The polished chrome finish is as handsome as the fixture is officient. The Diverter Valve becomes an attractive integral part of the toilet assembly, eliminating bothersome fixtures.

## · Easy - Economical to Install

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RN - JULY 1960 29



The medication makes the big difference: Caldesene contains 15% calcium undecylenate for sustained antibacterial and antifungal action — Caldesene forms a protective coating which prevents moisture or other irritants from coming into contact with tender or affected areas. Since the film is discontinuous it does not interfere with insensible perspiration. This unique product relieves itching, soreness and burning, and protects against diaper rash, prickly heat, and chafing.

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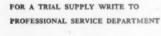
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# RN

# The A.N.A. Convention and What It Means for You

Report by RN's Editors

The editors of RN believe that all nurses, A.N.A. members and nonmembers alike, want to know about the actions taken by delegates to the A.N.A.'s 1960 biennial convention for these reasons:

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¶ You'll be hearing discussions of these actions during the coming months—not only at state and district meetings but at nursing-staff meetings, in hospital lunchrooms, wherever nurses congregate.

In the public mind, any pro-

nouncements by the A.N.A. represent the thinking of nurses as a professional group. Your patients, the nonprofessional personnel you work with, doctors, hospital administrators, public officials—all these consider the A.N.A. as your voice, whether you're an A.N.A. member or not.

With these facts in mind, RN brings you a summary of the major actions taken by the convention delegates (see pages 72-74). These, RN's editors believe, are

important "straws in the wind"
—indicators of major trends in
nursing that, though not yet supported, perhaps, by the majority
of nurses, surely hold promise
for the future.

Two questions were of more concern to convention delegate both officially and unofficially

1. Where is nursing headed terms of the nurse's econom well-being?

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# Careful! Sun-Tanning Can Be Hazardous

BY MARTHA DUDLEY, R.N.

Before starting a sun tan, you'll want to remember the Sunburn isn't the only hazard. The sun's ultraviolet in can also "age" your skin—causing it to become the coarse, and leathery-looking; to wrinkle, lose its firming and undergo permanent pigmentary changes.

Worse still, ultraviolet damage may predispose waskin to the development of cancer.

You've heard all this before? Then you can help oth by spreading the word, suggests Dr. John M. Knox, As ciate Professor of Dermatology at Baylor University Houston, Tex.

In a report to the A.M.A., Dr. Knox points out to "there is far more interest in the good than in the har resulting from sunlight . . . The public should also informed on appropriate means of protection."

Here, says the doctor, is what happens when the strikes your skin:

Ultraviolet light at wave lengths of 3,000 to 43

2. Where is nursing headed as a profession?

John Allen Krout, Ph.D., vice president of Columbia University, interpreted the basic mood of the convention in an opening speech. A "note of disquiet," he said, was apparent in the deliberations.

Nurse-leaders, one after another, proved Dr. Krout's analysis was correct by the tone of

angstroms starts to oxidize the melanin (pigment) in the epidermis. Some of the ultraviolet in this range also causes melanin granules to disperse, or scatter. At the same time, ultraviolet at shorter wave lengths (2,800 to 3,100) stimulates production of new melanin.

Oxidation occurs within a few hours after exposure. Dispersion takes several days. New melanin appears after forty-eight hours and reaches a peak in about nineteen days.

Your tan results when the oxidized melanin turns brown (or black) and spreads out. As more melanin is produced, oxidized, and dispersed, your tan becomes darker.

For most tan-seekers, commercially available sunscreens containing para-aminobenzoic acid provide excellent protection, says Dr. Knox. Such preparations screen out much of the harmful ultraviolet while permitting the passage of pigment-darkening rays. But for people who freckle, who have chloasma, or who wish to sun-bathe without tanning, he suggests a preparation that contains benzophenone.

Fair-skinned persons who are chronically exposed have the highest incidence of skin cancer, he says. For them he recommends limited exposure and regular use of sunscreens.

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their speeches and committee reports. Here are several examples:

▶ On economic security for the nurse:

"Nurses have been excluded, exempted, rejected, and otherwise discriminately treated with respect to most of the social and labor legislation which has marked some of the most significant changes in the American social system since the Thirties," said Miss Matilda Young of the Committee on Economic and General Welfare. "Our organization, whose purposes are directed toward high goals of human betterment, should set the same high goals for its members."

## Not Enough Humility?

Said Mrs. Anne Zimmerman, chairman of the same committee: "I cannot see how we can fulfill our obligation . . . to promote the physical, spiritual, and emotional good health of the citizens of the world if we have not enough humility to acknowledge the economic poor health of the nursing profession and continue to speak out courageously . . . to improve it."

▶ On relations with practical nurses:

"Among the inescapable func- are free tions of today's professional nurse," said Elsie Palmer, assistant director of nursing education for New York City's Department of Health, "are those of teaching, supervising, and directing nonprofessional personnel . . . [but] by and large, professional nurses are not prepared to assume . . . [these] high-level responsibilities . . .

#### Tied to the Past?

"If nurses are going to be teachers and managers . . . they must accept the fact and bring this feeling and attitude in line . . . Nurses need to free themselves from ties with the past."

▶ On nursing education:

"Not until we break away from this heritage of 'service for education' and nursing education becomes a part of our general educational system will we solve some of [our] major difficulties," warned Mrs. Margaret B. Dolan, the A.N.A.'s newly elected second vice president.

Referring to the hospitalschool she continued: "When the clinical experience of the student is geared to meet the service needs of the institution, the educational objectives of the student

are frequently disregarded . . . If al nursing is to achieve professional status . . . it must establish its educational foundation in institutions of higher learning . . . The program in such institutions] includes the science and art of nursing in direct patient-

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care as well as the functional activities of planning, directing, educating, and supervising nursing personnel . . .

"How do we account for the slow progress [toward the collegiate program]? Is it because the majority of nurses have not

# legal pointer

QUESTION: If an anesthesiologist or a surgeon asks a nurse-anesthetist to write preoperative anesthetic orders, may she legally do so?

ANSWER: No. The writing of orders for patient-care is beyond the scope of registered professional nursing service. It's always the exclusive province of medicine.

Some hospitals have standing orders for anesthesia used in obstetrics, originated by the chief anesthesiologist or the appropriate medical committee. In this situation a nurse-anesthetist, working under an anesthesiologist, may follow such orders. She then records that she rendered preoperative care or administered the anesthetic according to the pertinent standing order.

Some states prohibit nurses from administering anesthesia under any circumstances. If you're not sure of your state's law in this respect, you'll be wise to check.

DO YOU HAVE A QUESTION about some legal aspect of nursing? If so, send it to William A. Regan, LL.B., care of RN. He'll select questions for reply on the basis of their general interest. None can be acknowledged or returned.

accepted this recommendation?
... The majority ... in practice today have not been educated in ... primarily educational institutions ... Therefore, our background makes it difficult for us ... to accept this change ... It takes courage, a dedication of purpose, and belief in the future of our profession ..."

▶ On professionalism:

"One of the important criteria of a profession is that it have autonomy," said Miss Josephine A. Brandt, director of nursing at Lutheran Hospital, Moline, Ill. "Until a group is sufficiently mature that it may be considered by the public, allied groups, and other professions to be capable of making decisions which will be safe for its members and for the public, it is not truly a profession."

► On the role of the A.N.A.:
"We must dare," said A.N.A.
President Matilda Scheuer, "to stand up and be heard on what we believe to be right for our patients and our nurses."

As Dr. Krout had anticipated at the opening of the convention, a "note of disquiet" is very much evident in the preceding statements and in many others. RN finds this disquiet, or dissatisfaction, to be progressive and heartening. For dissatisfaction with things as they are often leads to action.

#### What They're Asking

These nursing leaders, it seems to us, are posing two questions: (1) Do nurses as a group really want economic security and professional advancement—both of which require united effort? (2) Or are they content simply to complain about conditions but take no action to change them?

There are signs, we believe, that more and more nurses are now of a mind to work for economic security and professional advancement. Let's look at a few minus-and-plus facts about areas the A.N.A. speakers stressed:

▶ Economic security:

Minus. Here the A.N.A. has so far been relatively unsuccessful. Only about half the state nurses' associations have set up standing or special committees in this area. In 1959, fewer than 10 per cent of the membership benefited from state economic security programs.

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# Drugs for Fungal Infection

By Morton J. Rodman, PH.D.

Fungal infections are notoriously hard to cure. Even the "wonder drugs" of the past two decades have been ineffective against them. In fact, use of these antibiotics, so successful against bacterial diseases, has actually caused an increase in fungal infections.

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But, in the past year or two, several drugs have been discovered that seem able to stop the fungal invaders. If these agents live up to their early promise, we may soon see the successful treatment of many fungal diseases never before controlled by drugs. Three antifun-

gal antibiotics head up the list:

• Griseofulvin (Fulvicin, Grifulvin), a substance produced by molds of the same group that gives us penicillin. This drug has the greatest potential usefulness.

 Amphotericin B (Fungizone), a yellowish chemical first extracted from a mold found growing in a soil sample from South America.

 Nystatin (Mycostatin), an antibiotic isolated from molds of the streptomyces family.

Griseofulvin attacks fungi that cause 95 per cent of the skin infections. Introduced only a year ago, it's now hailed as the drug

THE AUTHOR is Professor of Pharmacology at the College of Pharmacy, Rutgers University, Newark, N.J.

of choice for combating dermatophytes.

These are tiny parasitic plants that live in the keratin layer of the skin, nails, and hair. By anchoring themselves among the hard, scaly cells, they often cause long-lasting conditions like athlete's foot and ringworm.

Such conditions aren't dangerous. But they can cause severe itching. Scratching can then lead to serious secondary infections. Occasionally, as in scalp ringworm, the infections become ugly and disfiguring, causing embarrassment and limiting a person's social activity.

#### How They Work

Traditionally, fungal infections are treated by smearing various salves on the skin. These contain, among many ingredients, keratolytic chemicals and antifungal agents. The keratolytics make the infected keratin layers peel off. The other chemicals then help prevent further spread of the remaining fungi to uninfected areas.

Applied in this way, the older antifungal agents work best in the early stage of an acute infection. Once the fungi are deep into the hard, protective keratin, they're pretty much immune to such treatment. So, failures are frequent in chronic cases—especially when the hair and nails are involved.

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But griseofulvin is seldom applied as a salve. It's taken by mouth in tablet form. After entering the blood stream, it's deposited in the living epithelial cells, below the growing fungi There it stays as the keratin layers harden and die.

Its presence acts as a barrier against further fungal growth Ampl For the tips of the probing fung seem to curl up and lose their penetrating power when they come in contact with the anti-Acetp biotic. Thus fortified, the health Amme epithelial cells continue to grow Anthr pushing the infected tissues be fore them. Finally, the fungi and shoved to the surface, when Boric they're shed.

In ringworm of the smooth skin, this action takes only week or two. Infections of the hair or of the thick, callused skill of the palms and soles tak longer to clear. And ridding the lexetihard, horny fingernail- and to Methyl nail-tissues of fungus may re quire many months of treatment thenol

Fortunately for patients 0 long-term therapy, griseofulvi

38 RN - JULY 1960

to seems to be an especially safe are drug. No signs of damage to espe- liver, kidneys, or bone marrow s are have developed. Side effects have been mild and few, and allergy n aphas been rare—though one penin by cillin-sensitive patient is reported

to have suffered a severe reaction. So, some dermatologists suggest patch testing; others, periodic blood testing during prolonged treatment.

Doctors are still experimenting to find out (1) the best ways

#### **Antifungal Drugs**

Entries on this list start with the official or generic name of each drug, followed in parentheses by the trade name(s) and/or synonym(s).

#### **NEW ANTIBIOTICS**

Amphotericin B, N.N.D. (Fungizone)

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ents 0 eofulvi Griseofulvin (Fulvicin, Grifulvin) Nystatin, N.N.D. (Mycostatin)

#### CHEMICALS FOR TOPICAL APPLICATION

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otassium permanganate, U.S.P.

Propionate-caprylate compound (Sopronol) Rescorcinol, U.S.P. Salicylanilide, N.F. (Ansadol, Salinidol) Salicylic acid, U.S.P. Sodium caprylate, N.N.D. Sodium thiosulfate (sodium hyposulfite, hypo) Thymol, N.F. Triacetin, N.N.D. (Enzactin, Fungacetin, glyceryl triacetate) Triclobisonium chloride (Triburon) Undecylenic acid, U.S.P. (Desenex) Zinchlorundesal (Salundek) Zincundecate (Undersol, Veltex)

#### DRUGS FOR FUNGAL INFECTION

to give griseofulvin and (2) what other infections it will combat. Some have reported good results from applying griseofulvin topically in cases of athlete's foot. Others have tried injecting high doses into victims of serious fungal infections such as blastomycosis, histoplasmosis, coccidiodomycosis, and cryptococcosis. But griseofulvin hasn't helped much in these cases.

The first really successful drug against the dangerous fungal diseases seems to be amphotericin B. Injected intravenously or directly into the spinal fluid, it has saved victims of a previously fatal form of cryptococcal meningitis. Blastomycosis and histoplasmosis of the lung have also yielded to this drug.

Before the advent of amphotericin B, the treatment of these

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# This Nurse Climbed Ki



TRAINING LOCAL GIRLS as aides is part of Miss Leif's work at the mission. She also teaches skills that help in health care. This is a sewing class.

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"disseminated" mycotic diseases (i.e., fungal infections that spread to the lungs, heart, and brain) was unsatisfactory. Despite the administration of many kinds of highly toxic antifungal chemicals, few patients survived for long.

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Amphotericin B is itself potentially toxic. It often causes chills and fever, headache, nausea, and gastrointestinal cramps. If injected in too great a concentration, it can cause painful inflammation of the veins—even blood clots. Great care is needed to avoid kidney damage.

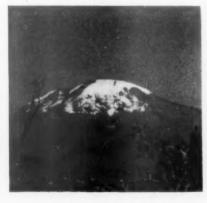
But doctors feel that these risks are worth taking. For when given under close clinical supervision, amphotericin B has often saved patients who would otherwise have died.

Continued on page 60

# Kilimanjaro

When Elizabeth Leif, R.N., of Quincy, Mass., joined the staff of the Machame Lutheran Mission in Tanganyika, Africa, she found herself living a mile up the slope of famed Mount Kilimanjaro. Above her towered majestic Kibo peak, the highest point in Africa.

She longed to climb Kibo (elevation 3½ miles). Then one day she got a chance to join a party of climbers. As they toiled upward, she kept adding clothing to keep warm. Finally she was wearing three pairs of dungarees,



nine sweaters, a jacket—and a pair of "longies" underneath!

On the fourth day, within a half mile of the top, one of the party became violently ill. That ended the attempt. But, she says, she'll try again.

# They Work in A Hospital for Medical Research

In this visit to one of the world's largest research centers, you'll learn how nurses help to advance the frontiers of both medical and nursing science

BY PATRICIA D. HORGAN, R.N.





"Keen powers of insight and observation, lots of patience, and a passion for accuracy: these are some of the qualities that a good research nurse needs."

The speaker was Josephine O'Connor, assistant to the chief of the nursing department at The Clinical Center in Bethesda, Md. I had gone to Bethesda to learn exactly what part nurses play in the important medical research conducted there. Miss O'Connor was taking me through the hospital. We were walking down a corridor as she talked.

At that moment a crisply tailored nurse came toward us, pushing a toddler in a stroller. She gave us a warm "Good morning." The baby flashed a happy two-toothed smile.

"She's probably taking him for a stroll on the grounds," said Miss O'Connor. "We try to give our patients of all ages the attention and human warmth that they need. This helps the patients and it also helps our research people. As you can well understand, happy and confident patients make better research subjects than do unhappy discouraged ones."

Everywhere in this 516-bed hospital, nurses are dedicated to providing optimum physical and emotional nursing care, just as nurses in other hospitals are. But what makes nursing different at Bethesda, I soon discovered, is this:

Each procedure or observation is done with intensive attention to detail. If necessary, it's even checked by another R.N.

"One of our chief nurses will tell you about this phase of our work," said Miss O'Connor. "Now, is there anything you'd like to know about our organizational set-up?"

"What's your relationship to the National Institutes of Health?" I asked.

#### How It's Organized

"As you know, the N.I.H. is the research arm of the U.S. Public Health Service. It conducts research into diseases and disabilities of many kinds. It also supports research in universities and other institutions all over the country through its grants programs.

"There are seven institutes, all located here. They're concerned with cancer, the heart, mental health, arthritis and metabolic diseases, allergy and infectious diseases, neurological diseases and blindness, and dental research.

"Each institute has its own scientific and medical staffs and its own laboratories. The Clinical Center provides the hospital and nursing facilities for clinical study and additional laboratory space for the institutes."

"Are the patients in separate services in the Center?"

"Yes. We have a cancer service, heart service, and so on. Each service has a chief nurse who's responsible to Miss Ruth L. Johnson, our chief of the nursing department."

"Are your nurses under Federal Civil Service?"

"All except those who are P.H.S. officers. The officers hold commissioned ranks and receive benefits comparable to those of Army and Navy nurses."

#### A Team Set-Up

Miss O'Connor paused as we entered an elevator. "We're going to the cancer service," she explained. "There Mary Louise Burgess, chief nurse of the service, will tell you how nurses

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SHARING INFORMATION and observations with their professional colleagues, these research R.N.s take part in one of the frequent project conferences held at The Clinical Center of the National Institutes of Health.

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We came out of the elevator are near a patients' solarium on the hold south side of this fourteen-story, eive air-conditioned building. From e of the solarium, I could look out over sunny, wooded acres that stretched off toward Washington, D.C., a half hour's drive we away. Miss Burgess joined us.

"For each study," she exshe plained, "the doctor in charge called the senior investigator) serv- prepares a protocol, or outline. Then personnel who have been selected to work on the study meet with him.

"These include all the unit's nursing personnel—R.N.s, P.N.s, and aides. (Our aides are men. We call them and our P.N.s nursing assistants.) Usually, the dietitian and the social worker also attend the meeting.

"The investigator explains the purpose of the study and what part each group will play. Then we ask questions. Thereafter, these people meet regularly to exchange information and plan each step of the study." More

#### A HOSPITAL FOR MEDICAL RESEARCH



kidneys' functioning, this research nurse helps to establish a climate in which the patient will gladly cooperate in such tests without fear.

"Just how does the research nurse's work differ from general nursing?"

Miss Burgess thought for a moment. "Mostly in *detail*, I'd say. For instance, consider our drug-administration procedure.

"In cancer research we often administer experimental drugs. Now, in the usual hospital situation a medication error may endanger a patient. This is serious in itself. But here a second hazard is added. If one of *our* nurses makes an error, she may hold up or completely ruin a carefully planned study, thus causing thousands of dollars to be wasted.

"So, to help avoid errors, one R.N. makes out each medicine ticket, a second checks it, then both sign it. For oral drugs, we sometimes indicate, in addition to the prescribed dosage, the size, color, and number of tablets to be given. No equivalent substitutions are allowed (for example, giving two small tablets instead of a large one). This

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WEIGHING BECOMES A CHALLENGE when accuracy is paramount. Here a research nurse weighs a metabolic-study patient. Note that she calculates to the exact gram. (The weight of the tagged robe the patient wears at each session has previously been checked and recorded.)

GIVING PERSONAL WARMTH and attene, the tion to a tiny patient is one of the of tab- satisfactions of a research nurse. ivalent There's no age segregation in the d (for Center's nursing units. So the R.N. tablets must be able to meet the emotional needs of patients of all ages.

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helps the nurse to tell at a glance that she has the right dosage. Also, the patient can see that he's getting his usual medicine and is less likely to become upset.

"No one except an R.N. may pour and administer medications. Before each administration, she checks the medicine ticket against the card file. To make sure each dose is given exactly at the time ordered, the patient receives a copy of his schedule. He's told to call the nurse if he hasn't received his medicine by ten minutes past the scheduled time."

#### **Does It Hamper Nurses?**

I thanked Miss Burgess for her information. We then started to the heart-service unit. On the way, I said to Miss O'Connor: "Now I understand your comment that a research nurse needs to have a passion for accuracy. But doesn't she sometimes get so involved in checking and cross-checking that she forgets to treat her patients as people?"

Miss O'Connor smiled. "I think Mildred Crawley, chief of the heart nursing service, will be glad to answer that question for you."

Miss Crawley had this to say:

"Nurse-patient relationships are actually closer here than in most hospitals. For one thing, our patients are with us for a longer period—sometimes as long as three months. So there's more opportunity to build close relationships than there is in a general hospital."

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#### Its Effect on Patients

"But," I objected, "it seems to me your patients would feel as if they were being used—well—as research guinea pigs!"

Miss Crawley shook her head. "Quite the contrary. Many patients, such as those with heart defects, come here for surgery because we have the best equipment and an excellent staff. And many of them are cured. Others come because they're willing to take part in research that may lead eventually to cures for their diseases.

"They come from all over the world. They're referred to us by their doctors. We select for admission only those whose illnesses are specific to studies that are planned or in progress. There's no charge for hospitalization or nursing service, of course.

"In addition to these patients, we have a special group that you probably haven't heard about. They're perfectly healthy people who voluntarily serve as 'normal patients.'

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"Most of them belong to

church groups that emphasize service to humanity.

"Some take part in tests and procedures that help our re-Continued on page 62

## Comfort Your Postpartum Patient!

BY MARY L. LAUBER, R.N.

Sometimes we OB nurses forget that psychologic support may be as important to our postpartum patient's recovery as the nursing techniques we so carefully observe. Here's why:

In bringing her child into the world, the mother puts forth a unique effort. Emotionally, she needs appreciation for what she's done.

In prehospitalization days, her family gave her this appreciation. They showed it by praising her and attending to her comfort.

Today we OB nurses substitute for her family. As our first concern we check her blood pressure and the condition of her uterus. Then we guard over asepsis, and see that she observes early ambulation. What else can we do?

First, we can praise her and her baby at every opportunity. Such praise satisfies a deep psychic need.

Second, we can stop by her bedside and show concern for her comfort. We can encourage her to talk about her aches and pains—and not act as if she shouldn't have any. If she feels weak, we can reassure her by checking her blood pressure, even if it isn't checking time.

Besides providing comfort and support, such attention helps to head off possible complications.

# Answering Your Questions About Hypertension

#### BY DIANE SEIDE, R.N.

Today some 8,000,000 Americans-including nurses and members of their families-suffer from hypertension. So this disease is of more than professional interest to the nurse. Even if it doesn't affect her personally, she still wants to know as much about it as possible so she can help reassure hypertensive patients, relatives, and friends.

The trouble is, hypertension is extremely complex. There are conflicting opinions on causes and treatment. And the many methods used to diagnose and treat it cause further confusion.

For example, suppose you've

just taken a job as an office Do y nurse. On your first day, two pa- ind th tients visit the doctor. You take e kne the blood pressure of the one, yperte an overweight teen-age girl, and pary find that it's 130/100. The pres- robab sure of the other, an elderly man, lderly is 150/110.

You know that normal pres- uestion sure may range from about 90/p-to-t 60 to 140/90. So you may as-bout 1 sume that the girl has little to urn to worry about but that the man ob- ter.) viously has hypertension.

But what happens? The doctor studies the records of the girl's previous visits, including the distance of the distance

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Then he cautions her to stick to he diet she's on, prescribes a rug, and tells her to return in wo weeks. After she has gone, he remarks, "She's certainly oung to have primary hyperension."

What about the elderly paient? The doctor listens to his eart, checks his laboratory reorts, then does a cardiogram.

"You're making a fine recovry," he tells the patient. "Unless ou get dizzy spells, you don't red to come back for a month."

office Do you know the reasons beind this doctor's actions? Why
is take a knew the girl had primary
ypertension? Exactly what pril, and hary hypertension is? What
pression is a pression in the pression is a pression in the pression is a pression in the pressio

Rather than answer these pressuestions now, let's look at some at 90/p-to-the-minute information ay as bout hypertension. (We'll rettle to urn to our hypothetical patients an oblight.) The following questions and answers will help you to e doc. etter understand what hyper-

of the

tension is and how it's diagnosed and treated:

► Exactly what does the term *hypertension* mean?

When you take a patient's blood pressure, you measure the tension that the blood exerts against the wall of the brachial artery. You check this for two conditions: when the heart is in systole (contracting) and when it's in diastole (at rest). In each instance, the tension (or pressure) exerted by the blood holds the mercury in the manometer at a certain level, and you get your readings.

Systolic pressure of 90 to 140 and diastolic pressure of 60 to 90 are considered normal. If either one exceeds the higher figure, the patient has *hyper* (excessive) tension. If either is below the lower figure, he has *hypo* (deficient) tension, or low blood pressure.

▶ Which is more significant, systolic or diastolic hypertension?

Diastolic, for it indicates that

Eluding all Anticle was prepared with the help of George A. Perera, M.D., Professor of Medicine, and E. Gurney Clark, M.D., Professor of Epidemiology, College of Physicians and Surgeons, Stories. dumbia University.

#### YOUR QUESTIONS ABOUT HYPERTENSION

the pressure is high even when the heart is at rest—thus pointing to a probable abnormality.

▶ Is hypertension merely a symptom, indicating harmful pathologic changes, or is it a disease in itself?

It can be a symptom, or a disease, or both a symptom and a disease! This is why it's difficult for the layman to understand.

As a *symptom*, it points to physiologic changes that may be temporary or permanent. For instance, a hypertensive reading may simply mean that the force and rate of the heart beat have gone up temporarily (as when

you exercise). It may mean that the fluid part of the blood has increased, thus requiring more pressure to pump it through the arteries. Or it may mean just the opposite: that the number of blood cells have increased, making the blood thicker and so requiring more pressure to pump it along.

It may mean that the arteries are losing their elasticity. Or that some of the endocrine glands are pouring out more secretions than normal, or less than normal, thus causing the heart to speed up or the vessels to contract.

Finally, it may indicate that

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# My Most Unforgettable Pat

Her radiant smile showed no trace of anxiety over the fearful possibility she faced.

Once before, cancer had hospitalized this wispy little gray-haired spinster. Two years back, she'd had a bilateral mastectomy. Now, at 60-plus, she was facing

surgery for a suspicious lump in her neck.

As I prepped her, she chatted cheerfully—not about herself but about those dear to her: a brother and two sisters, all in distant states . . . Finally the time came for her pre-op injection.

THIS ARTICLE has won an RN Award for its author, a Doylestown, Pa., nurse.

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some serious permanent change has occurred—for instance, hardening of the arteries, diseased kidneys, or a tumor of the adrenal glands.

► What's the difference between *primary* and *secondary* 

hypertension?

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Primary (also called essential) hypertension is the disease most people refer to as high blood pressure. It usually starts with continuous, partial constriction of the arterioles. This shows up through a persistently high diastolic pressure.

Secondary hypertension is so called to indicate that the ele-

vated pressure stems from a known cause—for instance, from nephritis, or some adrenal overactivity, or the toxemias of pregnancy.

▶ What is meant by the accelerated form of hypertension?

The accelerated form (also called malignant) is more serious than primary. Many pathologic changes take place, often involving the kidneys.

Primary usually shows up in the thirties. It may occur earlier or later, but seldom after age 50. It affects twice as many women as men. In contrast, the rare accelerated form may strike at any

## Patient

BY R. CLAIRE DRAYTON, R.N.

"Before I go to sleep," she said, "I want to ask a favor. In my bedstand drawer you'll find postcards addressed to my brother and sisters. When you get the word from the doctor, write Yes on each if the lump is what we think it is—or No if I'm all right. Then mail them, please. That's

all. Now you can stick me with that wicked-looking needle."

Dear little old soul! . . . I've never seen greater courage!

Hours later, I got "the word from the doctor": no evidence of malignancy. What a thrill it gave me to write a big, bold NO on each of those cards!

time in life. But it's most common at age 40. It's more prevalent among men than among women.

► What causes primary hypertension?

There are two theories. The first says that a predisposition to hypertension is inherited, just as diabetes is. The second says that the disease is caused by unknown metabolic or biochemical factors. These factors may be influenced by heredity or may be initiated by the external environment.

#### The Role of Emotions

▶ What about the emotional make-up of a person, and the pressures he works under? Are these major factors in hypertension?

Emotional make-up and stress do play some part. But most authorities say they're not nearly as significant as is popularly believed.

An anxiety-provoking situation may help bring about intermittent hypertension in some people. So psychotherapy may be prescribed. But, say many specialists, this simply helps to relieve the upset patient. It doesn't significantly reduce the blood pressure or effect a permanent cure.

► Are there other contributing factors?

Overweight aggravates the disease. So, apparently, does excessive salt. (In Japan, for instance, the diet includes considerable salt. This is thought by many authorities to be one of the causes for Japan's excessive hypertension rate.)

#### The Symptoms

▶ What are the symptoms of primary hypertension and of the accelerated form?

A third of the people affected with primary don't have any symptoms at the time their increased blood pressure shows up. Later, they may develop dizziness and persistent headaches, feel irritable and jumpy, and tire easily.

Patients with the accelerated form have persistent, violent headaches, nausea, and sudden attacks of blurred vision. These become increasingly severe and, if untreated, lead to convulsions and coma. The brain may swell, bringing on a crisis called hypertensive encephalopathy.

▶ Does primary hypertension usually become accelerated?

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Not necessarily. People so afflicted vary greatly. Some authorities say that only 1 per cent of primary hypertension patients develop the accelerated form.

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But even with proper management, primary hypertension may gradually cause hardening of the arteries and their lining, and enlargement of the heart. The eyes, brain, and kidneys may finally be affected. The patient may die in his fifties of a stroke or a heart attack.

▶ What's the treatment for primary hypertension?

The milder antihypertensive drugs may be prescribed, depending on the patient's condition.

Usually no restrictions are placed on the patient's activities. But patients who earn their living by hard physical labor and those who take part in strenuous sports (such as tennis, for instance) may be advised to change to easier work, or to eliminate the sports.

Placing the patient on a severe rice or low-salt diet, once favored, is now frowned on by most



"The ways are sundry and devious our wonders to perform."

doctors. They say that (1) it's difficult for the patient to stay on such a diet and (2) the procedure causes needless anxiety. Salt intake may be restricted, however.

#### The Accelerated Form

▶ What's the treatment for the accelerated form?

This depends, of course, on the causes and on a patient's condition. For instance, if a patient has congestive heart failure, he'll be put on diuretic drugs and restricted to less than a gram of salt daily. If he suffers from hypertensive encephalopathy, magnesium sulfate may be given to control convulsions. Or bloodpressure-reducing agents may be used.

▶ What about surgery?

In the accelerated form, some doctors advise removal of certain sympathetic nerves to stop the development of renal impairment. The procedure isn't unduly risky, but it's seldom used on elderly patients. It may produce hypotension and some uncomfortable complications.

Opinion is widely divided as to surgery's effectiveness. Some say that it doesn't prolong the patient's life. But others say that it lengthens the lives of a third of their patients by five years or more.

▶ What can the nurse tell the hypertensive patient who asks about his condition?

Situations vary so widely that only two principles apply in most cases.

First, it's best *not* to tell the patient what his blood pressure is. Most changes recorded during check-ups aren't significant. But when the patient knows about them, he may wrongly assume that he's getting worse and become discouraged. Or, he may assume he's getting better and then neglect the regimen that's been set for him.

#### There's Hope

Second, you can assure the long-term patient that drug therapy often brings excellent results and that it's constantly improving.

One doctor tells of a patient whom he started on a certain drug. By the time this drug no longer helped, a second had come along. Then a third was developed. By giving these three drugs, the doctor was able to keep the patient's blood pressure

Continued on page 64

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56 RN - JULY 1960

# You Can Help To Reduce Food-Poisoning

BY GAIL M. DACK, M.D.

Many people think food-poisoning is caused by obviously spoiled foods only. Actually, of course, foods that show no signs of spoilage may also harbor toxin-producing or infection-producing bacteria. And, in warm kitchens—or elsewhere during the summer months—these bacteria have more chance to increase.

Friends and neighbors often ask the nurse's advice about health matters. So she's in a strategic position to help minimize the ever-present danger of foodpoisoning.

Here are some of the facts that you, as an R.N., will want to

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bear in mind when answering a layman's questions:

▶ Major causes and symptoms. Staphylococcic poisoning is the most common cause. The bacteria themselves are harmless if eaten. But by growing in food, they may produce a poison (enterotoxin) that causes nausea, vomiting, cramps, diarrhea, and prostration, ranging from mild to acute.

Symptoms appear within one to six hours after ingestion (two and a half to three hours is average). Death, though rare, may occur in very young children or in debilitated adults.

Salmonella infection, caused

THE AUTHOR is Professor of Microbiology and director of the Food Research Institute, Uniterrity of Chicago. directly by the bacteria themselves, is less common but may be more serious. (In one outbreak of 1,800 cases, eleven fatalities occurred.) Symptoms include abdominal pain, vomiting, diarrhea, chills, fever, and prostration.

Illness may start within seven to seventy-two hours and last for many days. In severe cases, complications may develop, including one or more of the following: toxemia, thrombosis, thrombophlebitis, arthritis, pyelitis, osteomyelitis, and—in young children—meningitis.

Botulism is rare but serious. Its mortality rate is about 65 per cent. It commonly comes from heat-resistant spores that grow and produce toxin in low-acid, home-canned foods. (The spores themselves are not poisonous.)

Symptoms include double vision; shock; and difficulty in speaking, swallowing, and breathing. Incubation takes from two hours to eight days, with one to two days the average. Death results if the respiratory muscles become paralyzed.

► Common sources of poisoning and safeguards.

Staphylococci are everywhere. So it's impossible to protect

foods from contamination—especially during handling. They grow in ham and poultry, and in some commonly unsuspected foods such as cheddar cheese, cream-filled pastries, potato salad, and milk.

They need only five to seven hours of warm temperature to produce enterotoxin. Careful refrigeration prevents their numbers from increasing to dangerous levels.

Salmonellae are common in the intestinal tracts of some animals. They're usually transmitted to humans through contaminated foods—for example, packaged foods that contain commercially processed eggs. (Many Salmonella serotypes have been found in poultry.) Thorough cooking and proper refrigeration are the needed safeguards.

Clostridium botulinum, types A and B, grow in canned meat products and produce gas in the product and a putrid odor that's easily recognized. Not so easily recognized is their growth in home-canned vegetables that weren't properly cooked during canning. Such vegetables (string beans and beets, for example should be tested for off-odor off-flavor before serving, even

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eted In any case of suspected food ese, soisoning, you'll want to call the sal- loctor at once. (If the patient has otulism, early treatment may ven hean the difference between life nd death.) Whatever you can do re- o help determine the probable um-lource of poisoning will aid the geroctor in making his diagnosis.

For staph intoxication, the

M.D. uses symptomatic treatment to overcome dehydration and shock. Patients treated with fluids given parenterally usually recover quickly.

For Salmonella infection, the M.D. may prescribe an antibiotic. (Some antibiotics have proven effective in severe cases.) For botulism, he administers a specific antitoxin, with supportive measures such as enemas, I.V. therapy, and oxygen.



"Vacation? Well, let's see ... last year it was on a Thursday."

## Drugs for Fungal Infection

Continued from page 41

The third new antifungal antibiotic, nystatin, is especially effective against a pesky yeastlike fungus, Candida albicans. This organism, the cause of candidiasis or moniliasis, doesn't yield to griseofulvin or other antibiotics.

Actually, antibiotics are believed responsible for many monilial infections. For the potent antibacterial agents such as tetracycline and other broadspectrum antibiotics tend to kill off the bacteria that usually keep Candida in check. Thus, patients being treated with them sometimes suffer from explosive fungal superinfections.

To prevent such infections in the gastrointestinal tract, some doctors prescribe nystatin along with tetracyclines. This helps keep the fungi under control, even when antibacterial drugs alter the normal microbial flora.

When taken by mouth, nystatin is effective only against intestinal infections. To fight fungal growths on the skin, or in the mouth, or in the vaginal tract, nystatin is applied topically in a cream, ointment, suppository, or dusting powder. It works well when thus brought directly into contact with monilial organisms.

A number of new organic chemicals are also claimed effective against vaginal moniliasis. The molecule of one of these, chlordantoin (Sporostacin), is said to have a special shape that helps it penetrate monilial organisms and destroy them.

Other new antifungal chemicals are claimed active against Candida and also against bacterial and protozoan invaders of the vaginal tract. For example, hexetidine (Sterisil) hits both bacterial vaginitis and trichomonal infections, as well as vaginal candidiasis. And triclobisonium chloride (Triburon) is said to have antitrichomonal, antibacterial, and moderate antimonilial activity.

All these recent drugs may mark a turning point in the long battle against fungal infections. Though fungi are a tough and wily enemy, we know that they can be controlled with chemicals. And we can expect that even safer and more effective antifungal agents will follow these first drugs before long.



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RN · JULY 1960 61

### They Work in A Hospital for Medical Research

Continued from 49

searchers learn more about normal body functions. Others serve in control groups. This means that they may, for example, take certain drugs or undergo certain procedures so that a researcher can check their reactions against the reactions of patients who are ill."

"Isn't this dangerous?"

"No. And usually it isn't unpleasant, either. But there's one 'hazard' these volunteers face. They do get bored with being confined in a hospital. It's quite a challenge trying to keep them reassured and contented, believe me!"

Before leaving the floor, Miss O'Connor and I visited a unit where studies in cardiodynamics were under way. There we talked to Jane Harsh, nursing team leader. I told her how impressed I was with what I'd seen at The Clinical Center.

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62 RN · JULY 1960

looking for new and challenging opportunities. Do you think the nurse who is interested in making a change would enjoy research nursing?"

"That would depend on her interests and goals," replied Mrs. Harsh. "Some nurses would find research nursing tedious because of the constant checking and rechecking. Others wouldn't like having to take on the heavy responsibilities the research nurse must assume.

"For instance, nurses in this unit must be constantly alert for the earliest symptoms of cardiac failure. They must be ready to report them at once and to act under hurried orders.

"But for the nurse who enjoys close teamwork at the top level, the answer is yes. She would find a unique long-term satisfaction in research nursing. For she would know that every day she was making a contribution—small but important—toward the discovery of new medical and nursing knowledge. She would have the hope that some day others might use this knowledge to help save lives and relieve suffering."

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## Answering Your Questions About Hypertension

Continued from page 56

at normal five years longer than expected.

Now let's answer our questions about the hypertensive girl and the elderly patient.

The girl's diastolic pressure was consistently high, as shown on this visit and by the records of previous visits. Her records also showed that other members of her family had had primary hypertension early in life. So, after eliminating other possible causes, the doctor arrived at his diagnosis of primary hypertension.

The elderly patient had earlier suffered a coronary occlusion. But he had responded well to drugs and rest. So on this visit the doctor decided, on the basis of the clinical status, laboratory reports, and electrocardiogram, that the patient was truly "making a fine recovery." His blood pressure reading actually was about as low as it could be expected to be for a patient of his age with his arteriosclerotic condition.

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WHAT'S NEW IN Drugs

This Stops Seizures: A new anticonvulsant called amino-glutethimide (Elipten) is reported to control some epilepsy cases that resist other treatment. It has helped patients suffering from grand mal, petit mal, and psychomotor seizures. It works best, say doctors, when combined with other anticonvulsants.

Amino-glutethimide is said to depress excitable motor nerve cells without dulling other brain areas. So drowsiness is reportedly rare. But because skin rashes may develop, doctors are advised to dose patients cautiously—especially patients who have a history of allergy.

Eye-Exam Aid: "Fast action followed by a rapid return to normal" is the claim made for bis-tropamide (Mydriacyl), a new eye-testing drug.

The doctor puts a drop or two of a dilute solution in the patient's eyes. Within twenty minutes, it's said, the pupils dilate widely and accommodation is paralyzed. A few hours later, blurred vision reportedly comes back to normal.

Solutions of bis-tropamide are

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claimed nonirritating and not likely to raise intraocular pressure. But when they're used on glaucoma-prone patients, the usual precautions are required.

For Safe Allergy Relief: A new antihistamine isomer called rotoxamine (Twiston) appears to have no toxic reactions and few other side effects. According to reports, it seldom causes drowsiness.

Rotoxamine is a purified form of carbinoxamine, a mixture of antiallergy molecules. Studies are said to show that only half the usual dose is required to control drug reactions, allergic skin itching, and symptoms of hay fever.

Fungus-Fighter: A new organic chemical molecule, chlordantoin (Sporostacin), is thought to have a special shape that helps it penetrate the fatty membrane of fungal cells. Some doctors say it's especially effective against Candida albicans, the yeastlike organism causing monilial infections.

Applied as an odorless white cream, chlordantoin reportedly relieves symptoms of vulvovaginal irritation resulting from moniliasis.

It is also used to help overcome fungal overgrowths that may occur when broad-spectrum antibiotic treatment alters the normal bacterial flora of the vaginal tract.

-MORTON J. RODMAN, PH.D.

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# The A.N.A. Convention and What It Means

Continued from page 36

gressive, participating members have strongly pushed the economic security programs, they've made substantial improvements in wages, hours, and working conditions.

▶ Relations with practical nurses:

Minus. In hospitals under certain types of administrators and nursing directors, there is still constant friction between R.N.s and L.P. (or L.V.) N.s. Some R.N.s are still resentful when they must give up some areas of direct patient-care to non-professional workers.

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Plus. Monthly readership surveys by RN show that (1) there's a constantly increasing interest in and demand for in-service training of many kinds; (2) more nurses read RN's monthly articles on nursing procedures than those of any other category. These two facts suggest that nurses today are interested in

HOOF BUT IF THEY DON'T, THEY'RE MISSING WHY, THEY'RE ONE OF THE MOST PRACTICALLY ON USEFUL HOSPITA **CONSTANT ORDER** I KNOW - I'VE SEEN SPECIFY NORMAL SALINE THEM IN SURGERY ALL OVER AND DISTILLED WATER IN PHARMACY, THE BUILDING! IN THESE POUR BOTTLES IN CENTRAL SUPPLY AT NURSING STATION IN THE EMERGENCY ROOM-AND OF COURS IN THE NURSERY. pionee BAXTER LABORATORIES, INC. Morton Grove, Illinois

preparing themselves, as Miss Palmer suggested, "to assume the high-level responsibilities of directing and guiding allied nursing personnel."

▶ Nursing education:

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This area (and that of professionalism) can't be evaluated in a simple minus-plus manner. RN's editors recognize that there are many thoughtful, mature nurses who believe that the graduate of the three-year diploma school is best prepared to give superior patient-care, and who deplore what they consider the baccalaureate nurse's preoccu-

pation with supervision, teaching, and administration.

Such difference of opinion, we believe, is inevitable and wholesome. But we also think that when, as Mrs. Dolan recommended to the A.N.A., college education for nurses "includes the science and art of nursing in direct patient-care as well as the functional activities of planning, directing, educating, and supervising nursing personnel"—then all nurses will welcome the resulting upgrading of their profession. The A.N.A. took a broad step in this direction at Miami



Beach when an entire morning was devoted to a panel session on research in nursing: research that actually concerned a patient, rather than a time study or a cost analysis.

▶ Professionalism:

True professionalism presupposes constant self-analysis. RN's editors are glad to note that the A.N.A. is taking a close look at itself—not only at its educational goals, but also at how its organizational structure serves those goals.

By dissolving the Committee to Implement the Resolution for One Organization (see page 74) and giving the Committee to Study the Functions of the A.N.A. the task of further investigating its own organizational structure, the A.N.A. has placed the responsibility for working out the best means of representing its membership where that responsibility belongs.

The N.L.N. has appointed a similar committee to examine *its* structure and direction. On this sound basis, the two organizations may be expected to arrive eventually at a structure—perhaps single, perhaps dual—that will represent the best interests of all nurses.

▶ The role of the A.N.A.:

"Dare to stand up and be heard!" President Matilda Scheuer challenged the A.N.A. delegates. It's doubtful if the president of most other professional associations—the A.M.A., for instance—would find it necessary to lay down such a challenge. But that's all the more reason why such a request is an honorable one. And we believe that nurses both within and without the ranks of organized nursing will respond.

Finally, we return to Dr. Krout, whose statement opened this report and the convention.

"The A.N.A. faces a prodigious task, the shape of which it has just begun to see," he told his nurse-audience.

Indeed it does. But nurses know how to face prodigious tasks. Of course, they need to recognize them as such before they're willing to take action. Once that recognition comes—and it's surely well on the way, as this convention indicates—we're confident they'll get at them with the characteristic energy and foresight nurses have always shown.

[For a summary of convention actions, see pages 72-74.]

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RN - JULY 1960

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### What A.N.A. Delegates Did and ard at

#### IN THE AREA OF ECONOMIC SECURITY

1. Revised the A.N.A. code to emphasize each nurse's indince on the vidual responsibility for helping to secure adequate wages, hours, and working conditions:

"The nurse, acting through the professional organization, participates responsibly in establishing terms and conditions of employment." (Item 10, revised Code for Professional Nurses.)

2. Amended the by-laws to conform with the Labor-Management Reporting and Disclosure Act of 1959—a step made necessary because units of the A.N.A. are engaged in collective bargaining:

"All ballots, delegates' credentials, and other records of the election shall be preserved for one year after the election." (New Section 11, Article VII, A.N.A. By-laws.)

3. Resolved to carry on a public-information campaign in behalf of the A.N.A.'s economic security program. The campaign will include efforts to gain the support and cooperation of prominent people and national associations; e.g., leaders in and organizations for health, education, welfare, business, industry, and government. (Resolution introduced by the Michigan State Nurses' Association.)

4. Resolved to step up efforts to obtain compulsory Social Security coverage for nurses "in all types of employment, but without impairment of existing or future pension or retirement plans . . ." (Resolution introduced by the Committee on Legislation.)

5. Heard state nurses' associations urged to "move in the direction of economic good health for the nursing profession" by "eliminating legislative discriminations against nurses . . . to insure, within the next biennium . . . unemployment insur-

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i- nce on the same terms enjoyed by other employes; workmen's s, ompensation . . . [and] work standards to insure health, safe-, and working conditions compatible with the present era." speech by Matilda Young, A.N.A. Committee on Economic nd General Welfare.) 15

#### THE AREA OF EDUCATION AND PROFESSIONALISM

1. Accepted (but did not adopt) and referred to the state ve Jurses' associations for consideration a report urging promotion the baccalaureate program in nursing:

"To insure that, within the next 20 to 30 years, the education isic to the professional practice of nursing . . . shall be secured a program that provides the intellectual, technical, and culral components of both a professional and liberal education. oward this end, the A.N.A. shall promote the baccalaureate on rogram so that in due course it becomes the basic educational undation for professional nursing." (Goal 3, Report of the ommittee on Current and Long Term Goals.)

2. Reaffirmed the A.N.A.'s legislative program in support public funds for nursing education and for mandatory state ensing acts by adopting platform planks to:

"Promote state laws that provide for mandatory licensure and for the licensure of practical nurses" and "Promote gislation that will provide public funds for scholarships, rearch, and programs for continued improvement in nursing ucation." (Planks 5 and 6, 1960 Platform.)

3. Directed the A.N.A. to find ways to give "increased praccal assistance to state nurses' associations in developing pro-Continued on page 74

### What A.N.A. Delegates Did and Heard at Their 1960 Convention

Continued

grams designed to improve clinical practice." (Resolution introduced by the Oregon Nurses' Association.)

4. Heard announcement of (1) a nation-wide fund-raising campaign by the American Nurses Foundation for \$1,000,000 for research in nursing; and (2) the establishment of a Research Professorship in Nursing and Nursing Education by the Alumni Association of the Department of Nursing Education, Teachers College, Columbia University.

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5. Resolved to "intensify . . . efforts to bring about a clear understanding of the relationships between the functions and roles of professional and practical nurses in order to insure the most effective utilization of nursing personnel." (Resolution introduced by the Iowa Nurses' Association.)

6. Adopted a legislative report that strongly criticized the American Medical Association and individual physicians for their efforts to alter the A.N.A.'s support for the Forand bill:

"Physicians . . . have implied that nurses cannot make an intelligent decision about a social issue . . . [the A.M.A.] has taken advantage of the close working relationship between members of the two professions and the concept that this relationship is that of master and servant still appears to persist in the thinking and attitudes of many doctors." (Supplemental Report of the Committee on Legislation.)

7. Dissolved the Committee to Implement the Resolution for One Organization, and placed on the Committee to Study the Functions of the A.N.A. the responsibility to continue its study of the A.N.A.'s present and future functions and to bring to the 1962 House of Delegates specific recommendations for any organizational revisions that may be considered necessary at that time. (Action of the House of Delegates.)

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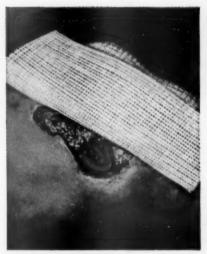
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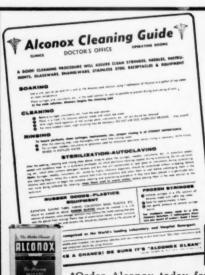
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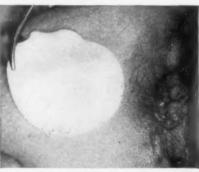
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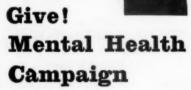
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### Index of Advertisers

| Abbott Laboratories Aeroplast Corporation Alconox, Inc. American Sterilizer Company Ames Company, Inc. Armour and Company                                   | 96<br>88<br>82<br>29<br>16 |
|---|----------------------------|
| Becton, Dickinson & Co.   | 27 23                      |
| Carbisulphoil Company, The  | .90                        |
| Davol Rubber Company Desitin Chemical Company Diaperwite, Inc. Dome Chemicals, Inc. Duke Laboratories   | 20<br>61<br>91<br>19<br>80 |
|   | 6                          |
| Fleet Co., Inc., C. B. 24<br>Fuller Pharmaceutical Company  | 25<br>83                   |
| Geigy Pharmaceuticals General Bandages, Inc. Glenbrook Labs.  | 13<br>22<br>65             |
| Identical Form, Inc.  | _66                        |
| Johnson's Foot Soap<br>Johnson & Johnson  | 12<br>75                   |
| Leeming & Co., Inc., Thos.  | IFC<br>_94                 |
| Maltbie Labs., Div. Wallace & Tiernan, Inc  | _85<br>_86<br>_64          |
| New York Pharmaceutical Co.  Noxzema Chemical Company  Num Specialty Co.  | . 89<br>. 92<br>. 91       |
| Preparation H   | 76<br>15<br>93<br>28       |
| Resinol Chemical Company, The   | 26                         |
| Sherman Laboratories  | 62                         |
| Tassette, Inc. Trailways Bus System Travenol Laboratories, Inc., Div. of Baxter Laboratories, Inc.  | 95<br>4<br>IBC             |
| United Sales & Mfg. Co., Div. of<br>Foster-Milburn Co.<br>U. S. Vitamin & Pharmaceutical Corp.<br>United Surgical Supplies Co., Inc.<br>UCLA Medical Center |                            |
| White Labs., Inc. White Swan Uniforms, Inc. Whitehall Laboratories Winthrop Laboratories Wyeth Laboratories   | 71<br>81<br>0, 93          |

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menstrual cup

Tassette, made of soft pliable rubber, fits anatomically at mid point of the vaginal wall and acts as a catch basin for the menstrual flow (see anatomical drawing). Tassette is easily folded, needs no inserter, and can be simply emptied and replaced as needed. Tassette requires no measurements or fitting and can be worn with complete comfort at all times.

Tassette permits the woman to swim, dance and engage in any activity because it catches the flow and seals it off completely. Thus there is no odor or possibility of leakage or staining as may occur during periods of heavy flow when tampons are used. There is no danger of chafing, irritation or infection, and no belt is required, as with ordinary sanitary napkins. Tassette can be inserted prior to the onset of menses. Thus one avoids any embarrassment caused by the appearance of flow while at work or under other circumstances making appropriate measures difficult or impossible.

Modern internal menstrual control is now accepted by the medical profession and Tassette is widely recommended by gynecologists in place of sanitary napkins and tampons. In order to acquaint you with Tassette this special offer is made: Send \$3.50 (reg. price \$4.95) for one Tassette with complete directions, postage prepaid. Tassette guarantees satisfactory use for two years or your money back.





Mail this coupon with cash, check or money order to TASSETTE, INC. 170 Atlantic Square Stamford, Conn.

| ☐ Cash        | Please send me | Tassettes. |
|---------------|----------------|------------|
| ☐ Check       | Enclosed is \$ |            |
| ☐ Money Order | Name           |            |
| Money Order   | Street         | ,          |
| Dept. N. 2    | CityZone_      | State      |

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(with the same high safety standard)

Each Abbo-Liter® bottle is, in principle, an oversized ampoule. Its contents are sterile, pyrogenfree, and like the ampoule, packaged at atmospheric pressure. Administration is by simplified ampoule technic. Even as you must open an ampoule, so you uncap the Abbo-Liter. Simple aseptic procedure prevents contamination in both cases. No piercing pins to drive, no vacuum to relieve, no forcible inrush of room air. You need only attach your set and begin venoclysis.

Got the right solution? Any bottle label tells you the contents, of course. But only Abbo-Liter also carries solution identity stamped on the safety cap, where you see it as a double check. A small added safeguard. (Small, that is, till it prevents error.)

Or consider the bottle cap. It's threaded after attaching, for per-

fect fit. Inside it are three more units: an inert hydrocarbon sheet, a soft rubber seal, and a turntable to make the tightly drawn cap easy to unscrew.

The glass? It's made to strict specifications similar to those for ampoules, and gas-treated for neutral pH. Graduated and labeled for easy reading upside down, too, so you can easily check suspended contents at a glance. And when you are at a distance, filtered air bubbles rising help you monitor flow.

But see for yourself. Your Abbott man will gladly demonstrate.



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cozyME supplies the active molecular component of coenzyme A—pantothenic acid—which is essential in the formation of acetylcholine, the chemical mediator of nerve impulse transmission governing intestinal motility.

SUPPLIED: COZYME 10 ml, multiple dose vial containing 250 mg, per ml. of *d*-pantothenyl alcohol with 0.45% Phenol as preservative. COZYME 2 ml. single dose vial containing 250 mg, per ml. of *d*-pantothenyl alcohol. 25 vials per carton.

Lamphier, T.A.: Paper accepted for publication in The American Surgeon.





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1. Tebrock, H. E.: Ind. Med. & Surg. 20:480-482, 1951

\*Bristol-Myers trademark for aluminum glycinate and magnesium carbonate.

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